

Building Permit Application
Permit #

Owner Name:

Application MUST

be approved

Prior to Start

This application is required on all new buildings, rennovations, additions, decks and porches. With this application, you must follow the State Soil & Erosion Control standards

Please answer EVERY question for approval of this permit.

Date:	Name & Mailing Address:						
Contact Telephone Number:		Email Addr	ress:				
Physical Address of Construction (9	911 Address):						
Directions							
Type of Construction:	Rooms:	Bathrooms	5:	Estima	ated Cost:		
Residential	Please Circle one: Residential Spec	-	Commercia	al	Living Space Sc	դ Ft։	
Rennovation	No of Deck <u>s:</u>		-	No of Porc	:hes:		
Basement Sq Ft:	Garage Carport	Sq Ft:		-	Porches Sq Ft:		
Tax Map Reference:	Filed Plat Reference:		Land Lot		_	District:	
Does the Bldg/Structure exceed 35	Feet: Yes No	■ If no blue	•	•	nts for bldg: etched drawing v	Yes with dimen	No sions to scale
Is this property on Flood Plain	Yes No	-	10 Ft in Re		ack requirement 10 Ft in Front		ws: 10 Ft on Sides
Is your lot on Lake Chatuge If Lot is on Lake Chatuge, is the buil	Yes No Iding located 25 feet from th	ne 1926 Cor				No	
Does the property require the 50 F	eet Stream Buffer set back r	equired by	State of GA	4 EPD		Yes	No
Are you in Compliance with the Mo	ountain Protection Ordinanc	e	Yes	No			
For property Does the prop border any of the lan	<i>r above 2,200 feet Elevation</i> nd of the US Forestry Service	=	Yes	No	-		
Does Your Drive need a Culvert:	Yes No	-					
Will a variance be required from EP	D for the 25 Foot Buffer:		Yes	No	-		
I hereby Cerify that the information	n contained in the Applicatic	on is true an	nd correct				
SIGNATUR <u>E</u> :				DATE:			
PRINTED NAME					ı		
DATE SENT TO PLANNING COMMIT	TEE:		-			<u>Total</u>	Amount Paid:
DATE APPROVED BY COMMITTEE:							
MAYOR'S APPROVAL:					_		

DISAPPROVAL REASONS: